

PTO/SB/01A (08-03)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	SLIDING CONCAVE FOUNDATION SYSTEM
As the below named	inventor(s), I/we declare that:
This declaration is di	rected to:
	The attached application, or
	Application No. 10/659,743 , filed on 9 L1/2003 (if applicable);
	as amended on(if applicable);
I/we believe that I/w sought;	e am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is
	and understand the contents of the above-identified application, including the claims, as amended by any ally referred to above;
material to patentab	e duty to disclose to the United States Patent and Trademark Office all information known to me/us to be ility as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which etween the filing date of the prior application and the national or PCT International filing date of the application.
to be true, and furt	herein of my/own knowledge are true, all statements made herein on information and belief are believed that these statements were made with the knowledge that willful false statements and the like are in imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any on.
FULL NAME OF INV	` <i>'</i>
	hrdad Hamidi
Signature: _/	M. Hamidi Citizen of: Iran
Inventor two: M ,	Hashem El Naggar
Signature:	Citizen of: Canada
Inventor three: Abo	lhassan Vafai
Signature:	Citizen of: Iran
Inventor four: GO	odarz Ahmadi
Signature:	Citizen of:United States
Additional inve	ntors or a legal representative are being named onadditional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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to be true, and furt	e herein of my/own knowledge are true, all statements made herein on information and belief are believed ther that these statements were made with the knowledge that willful false statements and the like are or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any on.
FULL NAME OF IN	VENTOR(S)
Inventor one: Me	hrdad Hamidi
Signature:	Citizen of: Iran
Signature:	Hashem El Naggar Citizen of: Canada
Inventor three: Abc	olhassan Vafai
Signature:	Olhassan VafaiCitizen of:Iran
	oodarz Ahmadi
Signature:	Citizen of:United States
Additional inve	entors or a legal representative are being named on additional form(s) attached hereto

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.l/we believe that I/we sought;	e am/are the original and	d first inventor(s) of the sub	bject matter which is claimed and for which a pate	nt is
I/we have reviewed a amendment specifical	and understand the contailly referred to above;	ents of the above-identified	d application, including the claims, as amended by	any
material to patentable	lity as defined in 37 CFI etween the filing date o	R 1.56. includina for contin	Trademark Office all information known to me/us to nuation-in-part applications, material information with the national or PCT International filing date of	hich
to be true, and furth	ier that these statement r imprisonment, or both,	s were made with the kno	nts made herein on information and belief are belie lowledge that willful false statements and the like and may jeopardize the validity of the application or	210
FULL NAME OF INV	FNTOR(S)	**************************************		
	nrdad Hamidi			
		Citizen of:	Iran	
Inventor two: M. F	lashem El Nago	ar		
Signature: <a>	· · · · · · · · · · · · · · · · · · ·	Citizen of:	Canada	
Inventor three: Abo	hassan Vafai			
Signature: Qbolk	assan Vala	Citizen of:	Iran	
Inventor four: GOC	odarz Ahmadi			
Signature: √		Citizen of:	United States	
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FULL NAME OF IN	/FNTOR(S)
i	hrdad Hamidi
7	Citizen of:Iran
Inventor two: M	Hashem El Naggar
Signature:	Citizen of: Canada
	olhassan Vafai
Signature:	Citizen of: Iran
Inventor four: GC	oodarz Ahmadi
Signature:	ordar 2 Annad. Citizen of: United States
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/659743
Filing Date	September 11, 2003
First Named Inventor	Hamidi et al.
Title	SlidingSystem
Art Unit	
Examiner Name	
Attorney Docket Number	14443

I hereby appoint:		-		
X Practitioners at Custome	r Number: 000293			
Practitioner(s) named be	low:			
	Name		Registration No	umber
Ralph A. Doy	vell	26_8	58	
Nancy E. Hil		41 5	64	
Lynn C. Schu		36 4	13	,
Wendy M. Sla	ade	53 6	04	
as my/our attorney(s) or agent(Trademark Office connected th	s) to prosecute the application identified erawith	above, and to tre	ansact all business in	the United States Patent and
OR The address associated associ	e correspondence address for the above I Customer Number: ted with Customer Number;	-identified applic	ation to:	
OR Firm or	Ralph A. Dowell of	DOWET.T.	& DOWELL	PC
Individual Name				
Address	Suite 309, 1215 Je:	fferson	Davis High	way
Address City	1 2 1	State	VA	Zip 22202
Country	Arlington us	1	<u> VA</u>	<u> </u>
Telephone	703 415 2555	Fax	703 415	2559
	the entire interest. See 37 CFR 3.71. CFR 3.73(b) is enclosed. (Form PTO/SB/	96)		
	SIGNATURE of Applicar	nt or Assignee o	of Record	
Name Mehrdad				
	CHonnicli.			
Date / Dec. o	7, 2003		Telephone	1519-657-4905
NOTE: Signatures of all the inventor forms if more than one signature is	ors or assignees of record of the entire interest required, see below.	or their represents	tive(s) are required. Sui	bmit multiple
× Total of 4	forms are submitted.	•		

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Title	Sliding System
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Examiner Name	
Attorney Docket Number	14443

I hereby appoint:					
X Practitioners at Customer Num	ber: 000293				
OR					
Practitioner(s) named below:					
N:	ame		Registration Nu	mber	
Ralph A. Dowell		26 868	}		
Nancy E. Hill		41 564			
Lynn C. Schumac	cher	36 413			
Wendy M. Slade		53 604	1		
as my/our attorney(s) or agent(s) to portion of the second connected therewith	rosecute the application identified n.	above, and to trans	act all business in	the United States Patent and	
Please recognize or change the corre	spondence address for the above	-identified application	on to:		
The above-mentioned Custo	omer Number:				
OR					
The address associated with Customer Number:					
The address associated with	h Customer Number:				
The address associated with	h Customer Number:				
OR	lph A. Dowell of	DOWELL &	DOWELL, I	P.C.	
OR X Firm or Rail Rail	lph A. Dowell of				
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OR X Firm or Individual Name Rad Address Surfactory Ard Country IIS Telephone 700	lph A. Dowell of	fferson Da	avis High	vay	
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OR X Firm or Individual Name Rall Address Sur Address City Arr Country IIS Telephone 703 I am the: X Applicant/Inventor. Assignee of record of the en	lph A. Dowell of ite 309, 1215 Jes Lington 3 415 2555	fferson Da	avis Hight /A	vay	
OR X Firm or Individual Name Rall Address Sur Address City Arr Country IIS Telephone 703 I am the: X Applicant/Inventor. Assignee of record of the en Statement under 37 CFR 3.3	Lph A. Dowell of ite 309, 1215 Jest Lington 3 415 2555	State 7	avis Hight 7A 703 415	vay	
OR X Firm or Individual Name Rad Address Sura Address City Ard Country IIS Telephone 7000 I am the: X Applicant/Inventor. Assignee of record of the en Statement under 37 CFR 3.00	Lph A. Dowell of ite 309, 1215 Jest Lington 3 415 2555 tire interest. See 37 CFR 3.71.73(b) is enclosed. (Form PTO/SB/SIGNATURE of Applicants)	State 7	avis Hight 7A 703 415	vay	
OR X Firm or Individual Name Rad Address Sura Address City Arra Country IIS Telephone 70.3 I am the: X Applicant/Inventor. Assignee of record of the en Statement under 37 CFR 3.3 Name M. Hashem El Signature / M. M.	Lph A. Dowell of ite 309, 1215 Jest Lington 3 415 2555 tire interest. See 37 CFR 3.71. 73(b) is enclosed. (Form PTO/SB/SIGNATURE of Applicant Naggar	State 7	Avis Hight 7A 703 415	Zip 22202 2559	
OR X Firm or Individual Name Rad Address Surfactory IIS Country IIS Telephone 70: I am the: X Applicant/Inventor. Assignee of record of the enstatement under 37 CFR 3.3	Lph A. Dowell of ite 309, 1215 Jest Lington 3 415 2555 tire interest. See 37 CFR 3.71.73(b) is enclosed. (Form PTO/SB/SIGNATURE of Applicants)	State 7	avis Hight 7A 703 415	vay	
OR X Firm or Individual Name Rad Address Surfactory IIS Country IIS Telephone 70: I am the: X Applicant/Inventor. Assignee of record of the enstatement under 37 CFR 3.	Lph A. Dowell of ite 309, 1215 Jest Lington 3 415 2555 tire interest. See 37 CFR 3.71. 73(b) is enclosed. (Form PTO/SB/SIGNATURE of Applicant Naggar Naggar Signess of record of the entire interest interest.	State 7 Fax Fax	Avis Hight 7A 703 415 Record	Zip 22202 2559	

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Practitioners at Customer Number: 000293					
Practitioner(s) named below: Name Registration Number	I hereby appoint:				
Practitioner(s) named below: Name		lumber: 000293			
Ralph A. Dowell 26 868 Nancy E. Hill 41 564 Lynn C. Schumacher 36 413 Wendy M. Slade 53 604 as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent at Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number: OR The address associated with Customer Number: OR X Firm or Individual Name Ralph A. Dowell of DOWELL & DOWELL, P.C. Address Suite 309, 1215 Jefferson Davis Highway Address Suite 309, 1215 Jefferson Davis Highway City Arlington State VA Zip 22202 Country IIS Telephone 703 415 2555 Fax 703 415 2559	OR	<u>L</u>			
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The address associated with Customer Number: OR Firm or Individual Name Ralph A. Dowell of DOWELL & DOWELL, P.C.			identified application to:		
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Firm or Individual Name Ralph A. Dowell of DOWELL & DOWELL, P.C.					
Address Address City Country Telephone Telephone Applicant/Inventor. Raiph A. Dowell of Dowell & Dowell , P.C. Bowell of Dowell & Dowell , P.C. State VA Zip 22202 Fax 703 415 2559	OR	<u> </u>			
Address City	Individual Name	alph A. Dowell of	DOWELL & DOWELL, P.C.		
City Arlington State VA Zip 22202 Country IIS Telephone 703 415 2555 Fax 703 415 2559 Lam the: X Applicant/Inventor.	Address	uite 309, 1215 Jef	ferson Davis Mighway		
Country IIS Telephone 703 415 2555 Fax 703 415 2559 Lam the: Applicant/Inventor.	Address		LECEDON DAVIS NIGHWAY		
Country IIS Telephone 703 415 2555 Fax 703 415 2559 I am the: X Applicant/Inventor.	City	rlington	State VA Zip 22202		
Telephone 703 415 2555 Fax 703 415 2559 am the:			1 2202		
am the: X Applicant/Inventor.	Talaahaa		Fax 703 415 2559		
Applicanum ventor.			703 413 2333		
	Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record				· ·	
Name Abolhassan Vafai ^	Name Abolhassan	Vafai/ ^			
Signature (160 Ware an Val an)		n Val m			
Date Sep. 30. 2003 Telephone / 982122997	1061. 20. 2		7 702122791	89	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple	NOTE: Signatures of all the inventors or forms if more than one signature is requ	assignees of record of the entire interest or ired, see below.	or their representative(s) are required. Submit multiple		
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Title	SlidingSystem
Art Unit	
Examiner Name	
Attorney Docket Number	14443

I hereby appoint:					
X Practitioners at Customer Numb	oer: 000293				
OR			'		
Practitioner(s) named below:					
Na	me		Registration Number		
Ralph A. Dowell		26 868			
Nancy E. Hill		41 564			
Lynn C. Schumac	her	36 413			
Wendy M. Slade		53 604			
as my/our attormey(s) or agent(s) to pro Trademark Office connected therewith	osecute the application identified		act all business in the United States Patent and		
Please recognize or change the corres	pondence address for the above	identified application	in to:		
		additional application			
The above-mentioned Custon	mer Number:		•		
OR					
The address associated with Customer Number:					
OR					
x Firm or Ral	ph A. Dowell of	DOWELL &	DOWELL, P.C.		
Address Suite 309, 1215 Jefferson Davis Highway					
Address					
City Arl	ington	State V	7A Zip 22202		
Country					
Telephone 703	415 2555	Fax	703 415 2559		
lam the:					
Applicant/Inventor.					
	ire interest. See 37 CFR 3.71. 3(b) is enclosed. (Form PTO/SB/	96)			
	SIGNATURE of Applican		ecord		
Name Coodary Ahma					
GOOGALZ AIIIIG		 			
Data / No //	1madi.		I Talantana I ha Calan		
Date / 10, 4,03			Telephone 315)268-2322		
NOTE: Signatures of all the inventors or ass forms if more than one signature is required	signees of record of the entire interest i, see below*.	or their representative	(s) are required. Submit multiple		
X *Total of 4 forms					

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TITLE: SLIDING CONCAVE FOUNDATION SYSTEM

SERIAL NUMBER: 10/659,743 DOCKET NUMBER: 14443

FILED: September 11, 2003

and Goodarz Ahmadi

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS

[X] FOR INDEPENDENT INVENTORS

As a below-named inventor, I hereby declare that I am an independent inventor who (1) has not assigned, granted, conveyed, or licensed, and (2) is under no obligation under contract or law, to assign, grant, convey, or license, any rights in the invention, to any person who could not likewise be classified as an independent inventor if that person had made the invention, or to any concern which would not qualify as a small business concern or a nonprofit organization, as defined in 37 CFR 1.9.

[] FOR SMALL BUSINESS CONCERN

I hereby declare that _______ is a business concern which qualifies as a small business concern as defined in \$1.9(d) - namely, (1) whose number of employees, including those of its affiliates, does not exceed 500 persons; and (2) which has not assigned, granted, conveyed, or licensed, and is under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor if that person had made the invention, or to any concern which would not qualify as a small business concern or a nonprofit organization under this section; and that the exclusive rights to the invention have been conveyed to and remain with the above-identified small business concern.

I further declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful, false statements and the like, so made, are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code, and that such willful, false statements may jeopardize the validity of the patent application or any patent issuing thereon.

any patent issuing thereon.	validity of the patone appropriate
INVENTOR(S):	
Mehrdad Hamidi	Abolhassan Vafai
Date: Oct. 6, 2003	Date:
M. Hashem El Naggar	Goodarz Ahmadi
Date:	Date:



HE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Mehrdad Hamidi, M. Hashem El Naggar, Abolhassan Vafai and Goodarz Ahmadi

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FOR SMALL BUSINESS CONCERN

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INVENTOR(S): Abolhassan Vafai Mehrdad Hamidi Date: _____ Date:____ M. Wys M. Hashem El Naggar Goodarz Ahmadi



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Mehrdad Hamidi, M. Hashem El Naggar, Abolhassan Vafai and Goodarz Ahmadi

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any patent issuing thereon.	
INVENTOR(S):	Abolhassan Vafai
Mehrdad Hamidi	Abolhassan Vafai
Date:	Date: <u>Sef. 30. 2003</u>
M. Hashem El Naggar	Goodarz Ahmadi
Date:	Date:

JAN 0 9 2004 IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Mehrdad Hamidi, M. Hashem El Naggar, Abolhassan Vafai

and Goodarz Ahmadi

TITLE: SLIDING CONCAVE FOUNDATION SYSTEM

SERIAL NUMBER: 10/659,743 DOCKET NUMBER: 14443

FILED: September 11, 2003

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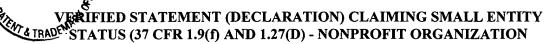
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INVENTOR(S):	
Mehrdad Hamidi	Abolhassan Vafai
Date:	Date:
M. Hashem El Naggar	Goodarz Ahmadi
Date:	Date: 10,4,03



I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of Organ	ization: TH	E UNIVERSITY OF	WESTERN ONT	'ARIO
Address of Orga Type of Organiz		enson-Lawson Buil	ding, London, Or	ntario N6A 5B8,
		on of Higher Education		
•		Revenue Service Cod		
			Of State of the U	Jnited States Of America
If Located in the			,	
(Citation O	of Statute			
				de 26 USC 501(a) and
-	•	ted States Of Americ		
` ' ' '				te Of State of the United States Of
		ed States Of America		
)	
(Citation O	f Statute)	
Code, to the Pat	ent and Tradem	of paying reduced fee ark Office with regard		(a) and (b) of Title 35, United States entitled:
described in the	specification fi	led: Filing Date:	September 11,	2003
		Serial No.	101659,743	3
rights to the invinventor, who vinvention, or by nonprofit organi*NOTE: Separa	vention is listed vould not quali any concern w ization under 3' te verified state	below*and no rights fy as an independent hich would not qualif 7 CFR 1.9(e).	to the invention a inventor under 37 y as a small busine om each named pe	vidual, concern or organization having re held by any person, other than the CFR 1.9(c) if that person made the ess concern under 37 CFR 1.9(d) or a rson, concern, or organization having 1.27)
FULL NAME:				
ADDRESS:	[] INDIVIDUAL	[] SMALL BUSIN	ESS CONCERN	[] NONPROFIT ORGANIZATION
FULL NAME:			AL	
ADDRESS:	INDIVIDUAL	[] SMALL BUSIN	IESS CONCERN	[] NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person signing: Robert Herold
Title in Organization: Acting Director
Address of Person Signing: 117 Starky Sty St Thomas, Ontario
Signature: